

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

**Computer Readable Form
(CFR)?::**

Number of Copies of CFR::

Title:: Solitaire Game Played Over The Internet With
Features To Extend Play

Attorney Docket Number:: 36888-201052

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity
Given Name:: Ronald
Middle Name:: D.
Family Name:: HALLIBURTON
Name Suffix::
City of Residence:: Delray Beach
State or Province of Residence:: Florida
Country of Residence:: United States
Street of Mailing Address:: 951 Fern Drive
City of Mailing Address:: Delray Beach
State or Province of Mailing Address:: Florida
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 33483

Applicant Authority Type:: Inventor
Primary Citizenship:: United States
Country:: United States
Status:: Full Capacity
Given Name:: Jack
Middle Name::
Family Name:: Pearson
Name Suffix::
City of Residence:: Lebanon
State or Province of Residence:: Tennessee
Country of Residence:: United States
Street of Mailing Address:: 5263 Beasleys Bend Road

City of Mailing Address:: Lebanon
State or Province of Mailing Address:: Tennessee
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 37087

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship::
Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

**State or Province of Mailing
Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

Correspondence Customer 26694
Number::

Phone Number:: 202 344 4000

Fax Number:: 202 344 8300

E-Mail Address:: acaitken@venable.com

Representative Information

Representative Customer 26694
Number::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
present	Continuation of	09/828,147	4/9/2001
09/828,147	Non-Provisional of	60/195,217	4/7/2000
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::